

Inflamed: Deep Medicine and the Anatomy of Injustice. Rupa Marya and Raj Patel, New York: NY: Farrar, Straus and Giroux, 2021. 484 pages. \$30.00 hardcover, \$20.00 trade paperback, \$14.99 e-book.

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Colonial histories impact the health and disease patterns of nearly every earthly human civilization, yet neither the rhetoric of health and medicine (RHM) field nor the *Rhetoric of Health & Medicine (RHM)* journal have fully reckoned with colonialism. Rupa Marya and Raj Patel's (2021) book *Inflamed: Deep Medicine and the Anatomy of Injustice* is the most inventive and far-ranging attempt to date to think through colonialism's systemic effects on global health. Marya and Patel are a physician and political economist respectively, and while *Inflamed* only engages rhetoric obliquely, this book has tremendous usefulness for RHM scholars invested in decolonial futures.

Inflamed leans into its title with a triad of claims that open the book: "Your body is inflamed. ... Your body is part of a society inflamed. ... As a consequence, the planet is inflamed" (p. 4). Marya and Patel productively conflate the chronic inflammation in human bodies, chronic violence, and the chronic fires and high temperatures of the climate crisis to press their case that "your physiological state is a reaction to social and environmental factors. Racial violence, economic precarity, industrial pollution, poor diet, and even the water you drink can inflame you" (p. 5). Crucial to their work is the concept of the *exposome*, or the "sum of lifetime exposures to nongenetic drivers of health and illness, from conception to death" (p. 32). Though Marya and Patel are not the first scholars to discuss the *exposome*, their use of the term is uniquely comprehensive. Influenced by indigenous knowledge systems, they expand Christopher Wild's (2005) original notion that referred to environmental drivers of health to include social drivers of health (such as, for example, exposure to racism). In failing to account

for the exposome, modern medicine (or as Marya and Patel aptly rename it, *colonial medicine*) fails to locate the causal origin of disease in “the multidimensional spaces around and beyond the individual body” (p. 13). To their credit, equity remains prioritized throughout the book; exposure is always a game of wealth and resources. On the way to proposing their solution—nothing less than a reparative “pan-species care revolution” that they call *deep medicine*—they take us on a tour of the human body (p. 327).

The book’s structure mimics yet subverts colonial medicine’s typical approach to organizing knowledge of the human body system-by-system. Each major system (immune, circulatory, digestive, and so on) gets a chapter. Yet Marya and Patel ground each chapter not in traditional physiological explanations of function and dysfunction, but rather in how each system responds to various exposomes. Given their emphasis on inflammation, it makes sense that their first chapter centers the immune system. Here we learn that the body’s “ancient and powerful mechanism to heal itself: the inflammatory response” (p. 30) sometimes does not get switched off in the “pro-inflammatory exposome of the industrial world” (p. 33). Chronic inflammation coincides with stress, economic precarity, pollution, poor housing conditions—all of which disproportionately affect communities of color. The second chapter is about the circulatory system, and subsequent chapters take up the digestive, respiratory, reproductive, connective tissue, endocrine, and nervous systems. Every chapter’s claims are supported by evidence culled from a stunning array of fields and disciplines—including (colonial) medicine and the health and biological sciences; critical public health; and history, politics, indigenous studies, anthropology, and many more. Every chapter shuns the “easy” health fix (downloading an app; taking a melatonin supplement) for the continual, insistent refocus to deep medicine.

Nearly every chapter succeeds in *Inflamed*. For example, in the fourth chapter on the respiratory system, there are sections on the breathing hazards created by forest fires, the particulate matter in air pollution, and how Covid “spread more intensely” where the air was more polluted, perhaps by hitching rides on particulate matter—an open question in the current research (p. 161). The authors connect this theory to how communities of color are more likely to live closer to industrial pollution and experience the resulting chronic inflammation that in turn makes them more vulnerable to Covid. Their brilliant moves in this chapter link this air pollution to capitalism and fossil fuel industries, as they ought to—but then they make another unpredictable, yet smart turn: they remind us that we need *breath* to speak truth to power. As they put it, “Stories are an important part of our exposome” (p. 173) and the hierarchical way that we value different stories is a driver of health. The linking of respiration and capitalism to testimonial justice exemplifies the conceptual innovations and holistic thinking required of *deep medicine*.

The sophisticated thinking that happens in most chapters made Chapter 6, “Connective Tissue: Beyond Border Medicine” the weakest of the book in that skin was the only connective tissue that is addressed. Their reduction of the body’s connective tissue to skin is undoubtedly catachrestic, a deliberate rhetorical misnaming that allows them to focus on racism. They rightfully note that “in the modern exposome, the organ that connects us to one another by touch divides us by sight.” (p. 229). Their discussion of how white physicians are less likely to take Black pain seriously is important. Yet this chapter ranges afield with a digression on the undervaluation of Black American musical innovation—a topic whose intrinsic significance gets muddled by weak links to the chapter’s main idea. Disappointingly, the authors never mention the connective tissue webbed throughout the human body, despite the promise in the chapter’s

title: our fascial system. I remain hungry for how the authors would explore the fascial system and its integral relationship to human corporeal function and movement.

While Marya and Patel's concept of colonialism could ignite some productive rethinking within RHM, the reverse is also true: the work that Marya and Patel present could benefit from an RHM vantage point. Many moments in the text danced right up to the edge of rhetorical studies. For example, the authors rightfully acknowledge that colonialism is more than a physical occupation of land but also a "psychic technology" that seeks to replace an indigenous cosmology of reciprocal care with the colonial cosmology of extraction and exploitation (p. 17). However, they retreat from discussing what to rhetoric scholars may be obvious follow-up questions: what are the symbolic-material conditions in which these "psychic technologies" are passed from person to person? What roles do rhetoric and public discourse play in perpetuating colonial power? As scholars of rhetoric, our contributions to this conversation ought to be understanding the ways in which public discourses mediate and animate these psychic technologies. Similarly, I pumped my fist in the air in solidarity upon reading that "capitalist economic and social systems teach us to restrict the set of beings whom we're prepared to recognize as people, and to suppress the urge to care, unless money be made from it," yet I also marveled at how rich the field of rhetoric is (or could be) for understanding *how* these persuasions occur (p. 324). (Having recently written a book that describes the discursive valuations endemic to maintaining hierarchies, I will admit to particular interest in these questions.) Marya and Patel intuitively align with some recent posthumanist work in rhetorical theory when they preach that "[d]eep listening can have a transformative impact on both the storyteller and the listener, whether that storyteller is a person, the soil, a river, or an entire ecosystem" (p. 177). Openings toward rhetoric unfurl throughout *Inflamed*.

There are also occasional moments where Marya and Patel's depictions of indigeneity are homogenizing or simplistic. For example, they write of indigenous communities and logging companies: "one side sees the promise of profit, and the other sees life and culture being butchered by chainsaws" (p. 16). Acknowledging that this book is written for a popular audience and that some liberties are taken with the prose to heighten its charm while losing some precision, the binaries set up by sentences like this one are potentially reductive. Then again, maybe a reverence toward indigenous knowledges is the needed corrective to the inflamed world we inhabit.

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Reference

Wild, Christopher P. (2005). Complementing the genome with an “exposome”: The outstanding challenge of environmental exposure measurement in molecular epidemiology. *Cancer Epidemiology and Prevention Biomarkers*, 14(8), 1847-1850.

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